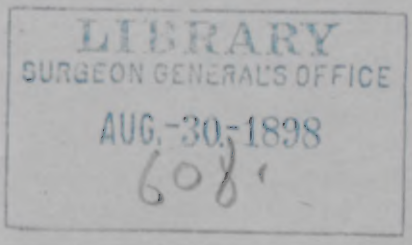
On the Relation of Impetigo Herpetiformis (Hebra and Kaposi) to Dermatitis Herpetiformis (Duhring).

BY

LOUIS A. DUHRING, M. D.,

Professor of Skin Diseases in the University of Pennsylvania.



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ON THE RELATION OF IMPETIGO HERPETIFORMIS (HEBRA AND KAPOSI) TO DERMATITIS HERPETIFORMIS (DUHRING).

By Louis A. Duhring, M.D.,
PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

As there have been considerable discussion and some diversity of opinion as to the propriety of grouping impetigo herpetiformis under dermatitis herpetiformis, I desire briefly to present my reasons for having originally adopted this view. It may be well to premise my remarks with the statement that heretofore, in my several communications on this disease, I have confined my observations largely, if not exclusively, to the cutaneous manifestation—to the skin disease proper—with the idea mainly of calling attention to the multiform phases of the disease. The symptoms alone, it may be said, have up to the present time received attention; the equally, if not more, important subjects of etiology and pathology being for the time intentionally slighted. In all rare or obscure affections the eruption itself, including its history, symptoms, evolution and involution, is first to be considered. After these points have been determined upon, as far as the material at hand will permit of, the questions of the cause and nature of the disease naturally follow for investigation and discussion. In addition to the clinical memoranda and observations presented from time to time, I have sought to bring together into one group such previously reported cases, scattered throughout literature, and certain other allied forms of disease, as seemed to me might properly be included under one head. Circumstances have, for some time past, prevented me from continuing my study on the subject, which will account for what may seem indifference or neglect of the question.

It is now over five years since I first called attention to a disease of the skin, which, up to that time, had not received special notice. A number of cases of a peculiar cutaneous disease had, from time to time, previously come under my observation, all possessing certain striking

features in common when viewed in their totality—that is, throughout their complete history, including relapses. There existed manifestly several quite different varieties of the affection, as shown by the presence in some instances of a decided predominance of certain lesions, while in other cases different forms even prevailed. But beneath this cloak of multiformity, and notwithstanding the occurrence of diverse lesions simultaneously or of those which made their appearance from time to time as the affection ran its course, certain striking pathognomonic symptoms could not fail to impress themselves upon the observer, showing the existence of a peculiar and undescribed disease. Had a few cases only been encountered at long intervals, these features might not have been recognized so readily.

As the disease represented by these examples was practically unknown and had no place in literature, it seemed necessary to bestow upon it a title. The relatively large number of cases that I had encountered seemed to warrant such recognition. By reason of the uncertain and variable character of the eruption, of its conspicuously diverse primary lesions and their distribution and arrangement, occurring in the several forms or varieties in which it usually appeared, and, moreover, because of its distinctly herpetiform feature, the name dermatitis herpetiformis was selected. The term dermatitis, owing to the idea of widespread or general and varied inflammation thereby conveyed or implied, and because of its being non-committal as to etiology and pathology, appeared to meet the requirements better than any other that suggested itself; while one of the most distinctive characteristics was made plain by the word herpetiform. To this latter point I wish to direct special attention, and I would here say that the herpetiform element has been present in all of the cases (now, perhaps, twenty in number) that I have seen, in some instances marked, in others existing to a moderate or only a slight extent.

As the matter stands to-day, the disease is sufficiently well defined to be readily recognizable by all observers, where typical cases are concerned. I cannot well see how pronounced forms, especially if held under observation long enough to note the ever-changing lesions and the varied aspect of the eruption, can be confounded with other better known affections. In ill-defined, atypical forms it is, of course, liable to be mistaken for certain other diseases to which it may bear more or less resemblance, more especially erythema multiforme, herpes iris, pemphigus, and eczema, according to the views held by the observer, precisely as in other doubtful forms of skin disease. Thus, for example, as is well known, discrepancy in diagnosis is not infrequently encountered in eruptions characterized by the formation of blebs, one observer regarding all such manifestations as varieties of "pemphigus," another

merely as instances of "bullous disease,"—a vague, non-committal expression, plainly indicating an unwillingness on the part of the observer to subscribe to the view that every bullous eruption must necessarily be pemphigus.

The relations of dermatitis herpetiformis to erythema multiforme, herpes iris, and pemphigus, are, I need not say, most interesting and important topics, to which I naturally have had my attention directed. But these subjects cannot be entered upon without a great deal of discussion. Here, at once, arises the matter of definition. For example, how shall these diseases—erythema multiforme, herpes iris, and pemphigus—be defined? What forms of eruption shall be included and what excluded under these names? Shall the old, time-honored, classic definitions continue to be observed, or should new ones be framed to take in enlarged views concerning these processes? This question cannot be entered into at present, nor do I wish now to speak of the relation of dermatitis herpetiformis to the diseases just cited, nor to any other vesicular, bullous, or pustular affections, except one, namely, the impetigo herpetiformis of Hebra.

At this point I must be permitted to go back a few years, in order to make my position, views, and reasons therefor clear. As is known to all, Hebra described, in 1872, a grave, pustular disease of the skin, of which several instances had, from time to time, been observed at the Vienna General Hospital. The description given was brief, and in the dermatological world at large the subject attracted comparatively little attention. Dermatologists in other parts of Europe and in this country seemed at a loss to identify or recognize the disease. In the United States it did not seem to be known. My American fellow-dermatologists in the large cities, with whom I conversed, were not familiar with it, nor was I myself able to reconcile Hebra's description with any of the pustular affections encountered in my field of study. Nor was the disease recognized either in France or England. Moreover, considerable confusion existed even in Vienna, competent observers there being by no means of the same opinion regarding the disease and its proper classification. Thus, Hebra himself first looked upon it as belonging to the herpes group, and called it "herpes impetiginiformis," with the idea that it was a form of herpes; subsequently he regarded it as an herpetiform impetigo. Nor was the subject materially elucidated by the publication of several of Hebra's original cases by Auspitz and by Geber, the first of whom looked upon it as herpes, calling it "herpes vegetans," while the latter also endeavored to prove it to be herpes. Then Neumann, who was without doubt familiar with Hebra's cases, emphatically designated it herpes, terming it "herpes pyæmicus" or "herpes puerperalis." Even at this later date, notwithstanding all that had been

written by the Viennese dermatologists, the subject was far from clear to the minds of foreign dermatologists. The consensus of opinion on the part of the Vienna observers, however, seemed to be that the disease was an undescribed form of herpes, as is evidenced by the names decided upon by the several reporters. Nor, finally, was the matter made plainer by Hebra himself, who stated that the case previously reported by himself and Baerensprung as "herpes circinatus" and figured in their atlas of skin diseases, was also an example of this same disease, namely, impetigo herpetiformis. It need scarcely be said now, in passing, that if the views (to be referred to) recently put forth by Kaposi be accepted, this peculiar case must be excluded from the list. No further examples were at this period reported, and the matter for the time being remained quiescent.

In the meantime, in Philadelphia, during this epoch (from 1870 to 1880), a series of cases of an unknown, inflammatory, polymorphous affection of the skin had come under my observation—some in hospital, others in private practice. Among these was one which, when it first was brought to notice, appeared to me (and to other physicians who saw it) to be an example of the impetigo herpetiformis of Hebra. It apparently represented a mild expression of that disease and showed the chief clinical features depicted in one of the portraits (case of 1871) in Hebra's atlas. The resemblance was striking. The cutaneous manifestation was altogether novel, and I was unable to classify it elsewhere.

The patient was a woman. The eruption was general and extensive, and was exclusively pustular (with no signs of erythematous, urticarial, vesicular, or bullous lesions) and crusted, the pustules being whitish and yellowish, and of varied shapes and sizes, some being distinctly elevated and somewhat conical or rounded, others flat; some were miliary, others small, pea-sized, and some larger; all being seated on more or less inflamed bases or arising from inflamed patches. The eruption, as a whole, was, moreover, herpetiform, showing a distribution and arrangement *here and there* similar to that seen in imperfectly developed or abortive herpes zoster. The lesions themselves were *irregularly* grouped, as is sometimes noted in small discrete patches of zoster. The central pustules, often aggregated in little bunches of two, three, or four, were small but of variable size; the older ones were more or less crusted, and were closely encircled in an incomplete, broken manner, with new, for the most part sparse, flat, minute pinhead-sized pustules. There was, moreover, marked pigmentation in patches here and there; also malaise, with a disposition to be cold and hot alternately, hardly amounting to a regular chill. Finally, there were heat and burning and some itching, but recent scratch-marks were not conspicuously present. In brief, the case possessed, so far as the skin was concerned, the chief characteristics of Hebra's impetigo her-

petiformis, and this diagnosis was accordingly made. The disease persisted, the eruption repeating itself in a succession of crops with the same kind of lesions, and within six months disappeared, to be replaced, however, by an altogether different dermatological picture,—one with which I was quite familiar, namely, a polymorphous, mixed vesicular and bullous, inflammatory, herpetiform eruption, accompanied with severe burning and itching, or, briefly, the typical form of dermatitis herpetiformis. Subsequently, the previous impetiginous, or strictly pustular form, recurred, manifesting itself precisely as before; and during the next year the eruption again became vesicular and bullous.

There was now, after several years of observation, but one conclusion to draw—namely, that these diverse cutaneous manifestations all belonged to one pathological state, were simply varieties, or forms, of one process. Other similar cases later came under notice which strengthened this view, and I accordingly expressed myself that Hebra's impetigo herpetiformis (as I understood that disease from Hebra's description and portraits) might be regarded as a pustular manifestation of an extensive multiform (erythematous, vesicular, bullous, and pustular) herpetiform disease of the skin. This view, moreover, seemed to be supported by a case of "impetigo herpetiformis and pemphigus," reported by Heitzmann, of New York, which, while it presented the characteristic cutaneous features of Hebra's disease for a period of several months, abruptly changed from a pustular to a bullous affection, the blebs being in all respects like those of pemphigus. From this case Heitzmann drew the conclusion that both diseases arose from identical causes, and should be considered as being kindred to each other. It may be added that in this case the disease did not occur in connection with pregnancy, and that no cause could be assigned for its presence, the patient having been an apparently healthy woman, fifty-two years of age. The disease, nevertheless, ran a fatal course in about eight months from the beginning, œdema of the meninges setting in toward the end. There can scarcely be any question here concerning the diagnosis of impetigo herpetiformis, for Dr. Heitzmann had not only seen three of Hebra's cases in Vienna, but had, moreover, painted the portraits which portray this disease in Hebra's atlas.

The subject remained *in statu quo* until my several communications appeared, and, later, Kaposi's valuable contribution on impetigo herpetiformis, in 1887, in which the relations of that disease to some other affections (including dermatitis herpetiformis) are discussed. From this latter article a much more satisfactory idea of this disease is obtained than from any previous publication. The subject is presented in a different, if not a new, light, and is fortified by reference to additional and more recent observations, and we are enabled to note what the author would

have us regard as impetigo herpetiformis. If this definition, then, is to be accepted, and to be restricted so as to include only such cases as the author refers to, I admit that it becomes questionable whether the disease should be regarded as a variety of dermatitis herpetiformis. If the definition is to be rigidly confined to such cases (including their nature) as Kaposi quotes, the disposition of the matter would be simple, but other observers of this disease (or what they assume to be the same affection) do not entirely agree with the Vienna dermatologist. According to Kaposi, *the disease is invariably characterized by superficial miliary pustules, which begin as such and remain unchanged throughout their entire course, always arranged in groups and clusters, new lesions appearing on the border of older and crusted confluent pustules, in one or more series, on inflamed bases, while recovery takes place in the centre; furthermore, the disease occurs only in pregnant or puerperal women, and is accompanied with chills and marked fever, and is almost invariably fatal.* This definition is clear and simple enough, but does it include all forms of the disease? Is it sufficiently comprehensive? The question might pertinently be raised: Is it wise to make the definition so circumscribed; is the disease not liable to vary from this type; does it invariably show these very precise features; are, for example, the pustules always miliary, and from beginning to end; may they not vary in size, and, more especially, be considerably larger? Surely one portrait of this disease in Hebra's atlas (case of 1871, referred to before) fails to portray a miliary eruption; on the contrary, not only are many of the pustules large, but there is, moreover, considerable variation in size; nor is their arrangement and mode of extension or spreading apparently like that depicted in the other cases, namely, peripherally, as in herpes circinatus. I may remark further on this point that I find it difficult to reconcile this portrait with Kaposi's description of the eruption, and, finally, that it was mainly upon this illustration that I ventured to base the opinion of the identity of one of my cases (that of Annie McC., *Journ. of Cut. and Ven. Dis.*, vol. ii. No. 8) with the disease depicted. If Kaposi's views be adopted, Heitzmann's case, already referred to, cannot be regarded as impetigo herpetiformis, although, as previously remarked, from the fact that Heitzmann had the opportunity of seeing several of Hebra's original cases, it would seem that he must be entirely familiar with the subject. Nor can Zeisler's case (*Monatshefte für prak. Dermat.*, 1887, No. 21) of so-called "impetigo herpetiformis," which he, Dr. Hyde, and others believed to be an example of the Hebra and Kaposi disease, be regarded as such.

It may be questioned further: Does impetigo herpetiformis in all instances exhibit the same grave general symptoms and course, terminating in almost every case fatally? Such symptoms and termination

assuredly might be anticipated if it were generally admitted that the cause was uniformly septicæmia,—that the disease was always of septicæmic origin. But may not various causes give rise to the same cutaneous manifestations, not only here, but elsewhere, as in the case of certain other affections of the skin, as, for example, eczema? There was a time, not long ago, when Kaposi held that the disease occurred exclusively in women, but lately he has himself given the notes of a case observed in a man. From this criticism I wish merely to intimate or suggest that our definitions should not be drawn too closely. Most observers will agree that as our experience enlarges in dermatology we find in all directions the need of more breadth or latitude. Expansion in almost all instances, we note, comes sooner or later.

I have thus endeavored to present a concise historical sketch of impetigo herpetiformis, and also, more particularly, to state my reasons for having, in my earlier papers, regarded it as one of the manifestations of a peculiar, polymorphous, extensive process designated dermatitis herpetiformis. Whether I was right or in error in advancing this view is a question depending largely, in my opinion, upon the definition that shall be accorded to impetigo herpetiformis; and here I may remark that it is far from my thoughts to undervalue the observations of the distinguished Vienna dermatologist, whose extended and unique experience with impetigo herpetiformis entitles his communication to due consideration. My desire has been from the beginning simply to arrive at the true position which that disease occupies, and more especially to define its relationship to other allied affections. I may say, in passing, that had Kaposi's article been published at the date of my several communications, I should probably have, in some degree, qualified the conclusions concerning the identity of the affections.

In bringing these remarks to an end, I would say that I have always held to the opinion that all discussions tending to create perplexity should be avoided. On this point I feel strongly in the present case, concerning the relationship of the two forms of eruption which are the subject of this paper. The matter can only be settled by fully recorded observations at the hands of competent reporters, and it is highly important for future studies and deductions that the cases be ranged under such titles as will convey the clearest idea of the clinical picture. Considering, therefore, the existing difference of views, and in order that no possible barrier may impede progress, it will perhaps be to the advancement of the subject to separate, for the present at least, the diseases; and that, in the future, observations be reported under one caption or the other, as may seem most in harmony with the clinical facts of the case.